| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number | | | |
|--|--|---|--------------------------------|-------------------------------------|------------------|------------------|------------------------------|------------------|------------------------------|-----|---------------------|------------------------|
| | | CLAIMS | AS FILED (Colu | | Column 2) | | SMALL ENTITY OR SMALL ENTITY | | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | BAS | IC FEE | 100 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | | EXA | M. FEE | 100 | 1 | EXAM. FEE | |
| SEARCH FEE | | | | | | | SEA | RCH FEE | 200 | 1 | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | Х | \$ 125 = | | 1 | X \$ 250 = | <u> </u> |
| TOTAL CHARGEABLE CLAIMS | | | 24minus 20 = * 1 | | | 4 | × | \$ 25 = | 100 | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | / minus 3 = * | | | 1 | X | \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | + | \$ 180 = | | OR. | + \$ 360 = | |
| * If | the difference | in column 1 is | less than zero, enter "0" in c | | | olumn 2 | · - | TOTAL | 516 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | MALL E | NTITY | OR | OTHER SMALL E | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUMBI PREVIOL PAID F | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | × | \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | Х | \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | ULTIPLE DEPENDENT CLAIN | | | | + : | \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. | | | | | | | | | | OR | TOTAL ADDIT. | |
| | | (Column 1) | | (Colum | n 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMBI PREVIOL PAID F | ST ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X | \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X : | \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + 5 | 180 = | | OR | + \$ 360 = | |
| | | | | | | | тот | AL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |